## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |   |                                  |                     |                   |        | SMALL ENTITY TYPE |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|--|---|----------------------------------|---------------------|-------------------|--------|-------------------|------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS  |  |  | 19                                      |                                  |                     |                   | -      | RATE              | FEE                    | 7       | RATE                       | FEE                    |  |
| FOR   |  |  | NUMBER FILED                            |                                  | NUMBER EXTRA        |                   |        | BASIC FEE         | 385.00                 | OR      | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | 19 mir                                  | านร 20=                          | *                   |                   |        | X\$ 9=            |                        | 1<br>OR | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |  | <b>j</b> mi                             | nus 3 =                          | *                   |                   |        | X43=              |                        | OR      | X86=                       |                        |  |
| ML  | ILTIPLE DEPE   | NDENT CLAIM P                            | RESENT                                  |                                  |                     |                   |        |                   | <del></del>            | 1       |                            |                        |  |
| × If  | the difference                                       | in column 1 is                           | ess than zero, enter "0" in column :    |                                  |                     | rolumn 2          |        | +145=             | 20/                    | OR      | +290=                      |                        |  |
| ••  |  |  |   |                                  |                     |                   |        | TOTAL             | 385                    | OR      | TOTAL                      |                        |  |
|   | C  | (Column 1)                               | MENDED - PART II  (Column 2) (Column 3) |                                  |                     |                   |        | SMALL             | ENTITY                 | OR      | OTHER<br>SMALL             |                        |  |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT         |   | HIGH<br>NUMI<br>PREVIO<br>PAID I | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA  |        | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *  | Minus                                   | **                               |                     | =                 |        | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
| ME  | Independent  | *  | Minus                                   | ***                              |                     | =                 |        | X43=              |                        | OR      | X86=                       |                        |  |
|   | FIRST PRESE  | NTATION OF MI                            | JLTIPLE DEF                             | PENDENT                          | CLAIM               |                   | !      | +145=             |                        |         | +290=                      |                        |  |
| r   |  |  |   |                                  |                     |                   | L      | TOTAL             |                        | OR      | TOTAL                      |                        |  |
| ,   | (Column 1) (Column 2) (Column 3)                     |  |   |                                  |                     |                   |        |                   |                        | OR      | ADDIT. FEE                 |                        |  |
| _   | I  | CLAIMS                                   |   | HIGH                             |                     | (Column 3)        | 1 -    |                   |                        |         |                            |                        |  |
| ENT B   |  | REMAINING<br>AFTER<br>AMENDMENT          |   | NUME<br>PREVICE<br>PAID I        | BER<br>OUSLY        | PRESENT<br>EXTRA  |        | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT B   | Total  | *  | Minus                                   | **                               |                     | =                 |        | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
|   | Independent  | *  | Minus                                   | ***                              |                     | =                 | ╽╽     | X43=              |                        | OR      | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |  |   |                                  |                     |                   |        | +145=             |                        | OR      | +290=                      | 9 4                    |  |
|   |  |  |   |                                  |                     |                   |        |                   |                        |         | TOTAL                      |                        |  |
|   |  | Α  | DDIT. FEE                               | ·                                | 10.1                | ADDIT. FEE        |        |                   |                        |         |                            |                        |  |
|   |  | (Column 1)  CLAIMS                       |   | (Colum                           |                     | (Column 3)        | : _    |                   |                        |         |                            |                        |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT          |   | NUME<br>PREVIO<br>PAID F         | BER<br>USLY         | PRESENT<br>EXTRA  |        | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *  | Minus                                   | **                               |                     | =                 |        | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
|   | Independent  | *  | Minus                                   | ***                              |                     | =                 |        | X43=              |                        | OR      | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= |  |   |                                  |                     |                   |        |                   |                        |         | 1200-                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |   |                                  |                     |                   |        |                   |                        | OR      | +290=<br>TOTAL             |                        |  |
| **  | f the "Highest Nu                                    | mber Previously Pa                       | id For IN THIS                          | S SPACE is                       | less that           | n 20, enter "20." | A      | DDIT. FEE         | ·                      | OR ,    | ADDIT. FEE                 |                        |  |
|   |  | mber Previously Pa<br>ber Previously Pak |   |                                  |                     |                   | r four | nd in the app     | ropriate box           | in colu | umn 1.                     |                        |  |